

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MICHAEL SIEGAL**

Mailing Address 921 W HILL DR

City

GATES MILLS

State

OH

Zip Code

44040-9684

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

OLYMPIC STEEL

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.148907**

Date of Receipt

**09 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**B. Full Name (Last, First, Middle Initial)**

**MS. ELIZABETH SIEGEL**

Mailing Address 214 W ALEXANDRIA AVE

City

ALEXANDRIA

State

VA

Zip Code

22302-4201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SMARTER TABLES

Occupation

OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.148146**

Date of Receipt

**09 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**C. Full Name (Last, First, Middle Initial)**

**DR. ERIC SIEGEL**

Mailing Address 192 WESTERN DR

City

SHORT HILLS

State

NJ

Zip Code

07078-1934

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

ASSOCIATES IN DERMATOLOGY

Occupation

PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.126042**

Date of Receipt

**07 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**Subtotal Of Receipts This Page (optional)**.....

6400.00

**Total This Period (last page this line number only)**.....